

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>	<i>67814</i>	<i>6/22/85</i>
O.I.P.E. CLASSIFIER		<i>31</i>	<i>6/23/87</i>
F RMALITY REVIEW	<i>A.B</i>	<i>605373</i>	<i>7-1-99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	6-10-82
2	12-16-82
3	6-2-83
4	6-21-83
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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